

**PTO Check Request**

Voucher No.:	Cost Batch ID:	PTO Check Request No.:	Pay Date:
		PTO00000119	

Requesting Attorney:	1771	Stephen E. Kabakoff
Print Location(For Future Use):	Washington, DC	
Deliver To:	Regional Desk	
Full Client Matter No.:	05788:0373-00000	Integrated Optical Add/Drop Device Having Switching
	05788	Pirelli & C. S.p.A.

Request Details:

<input checked="" type="checkbox"/> Billable
Cost Code: <input type="text"/>
Description: <input type="text"/>
Additional Description: <input type="text"/>
Amount: <input type="text" value="\$0.00"/> <input type="button" value="Add"/> <input type="button" value="Change"/> <input type="button" value="Delete"/> <input type="button" value="Clear"/>

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Page 1 of 1

Cost Code	Category Description	Additional Description	Amount
02	Extension of Time - One Month		\$120.00
05	Extra Claims Fee		\$950.00

Total Check :

\$1,070.00

PRINT SCREEN

DELETE FORM

SUBMIT